

# GUIDANCE SUMMARY

## WA STATE COVID-19 VACCINE PRIORITIZATION GUIDANCE AND ALLOCATION FRAMEWORK

The Washington State Department of Health has developed this guidance for COVID-19 vaccine allocation and prioritization to facilitate harmonized planning for distribution across Washington State. This guidance is the result of several months of engagement with expert groups and community partners to gather input and ideas. Given current information and federal guidance, we are providing guidance on Phases 1 through 4 that incorporates this input while staying aligned with the principles and criteria noted below. The guidance has and can continue to be updated based on:

- New information from clinical trials
- New federal guidance and vaccine recommendations
- Ongoing feedback from impacted communities, partners, sectors, and industries

In this guidance, population groups overlap and there are individuals who fit into multiple categories. When this is the case, the higher phase should take precedence. Also, the order of the populations does not suggest any type of prioritization or risk stratification. In all circumstances, although reinfection appears uncommon during the initial 90 days after symptom onset, prior confirmation of COVID-19 infection will not exclude any individual from eligibility for COVID-19 vaccine and serologic testing is not being recommended prior to vaccination. Vaccines should be administered according to age groups for which the specific vaccine is authorized (e.g., Pfizer for 16 and over and Moderna for 18 and over).

**GOAL:** To reduce severe morbidity and mortality and negative societal impact due to the transmission of SARS-CoV-2

### ETHICAL PRINCIPLES

- Maximum benefit
- Equal concern
- Mitigation of health inequities

### PROCEDURAL PRINCIPLES

- Fairness
- Transparency
- Evidence-based

### CRITERIA

- Risk of acquiring infection
- Risk of severe morbidity and mortality
- Risk of negative societal impact
- Risk of transmitting infection to others

### Phase Eligibility Timing



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The table below outlines groups who are currently eligible vs. projected timing for future eligible groups. These future plans are tentative and are subject to change depending upon vaccine supply and demand.

Phase	When it will open	Who is in it
1A	Currently open (Dec 14, 2020)	<ul style="list-style-type: none"> <li>• <a href="#">See prioritization guidance</a></li> </ul>
1B tier 1	Currently open (Jan. 18)	<ul style="list-style-type: none"> <li>• <a href="#">See prioritization guidance</a></li> <li>• Pre-kindergarten through 12<sup>th</sup> grade educators and staff (<i>added March 2</i>)</li> <li>• Child care staff (<i>added March 2</i>)</li> </ul>
1B tier 2	March 17	<ul style="list-style-type: none"> <li>• All critical workers in certain congregate settings</li> <li>• People age 16 or older who are pregnant</li> <li>• People age 16 or older who have a disability that puts them at higher risk</li> </ul>
1B tier 3 & 4	March 31 (Tentative)	<ul style="list-style-type: none"> <li>• People 16 years or older with 2 or more comorbidities or underlying conditions</li> <li>• People 60 years and older</li> <li>• People, staff and volunteers in certain congregate living settings – specifically, correctional facilities, congregate settings where people experiencing homelessness live or access services, group homes for people with disabilities</li> <li>• Other at-risk critical workers in certain congregate settings – specifically, restaurants/food services; manufacturing; construction</li> </ul>
Phase 2	April 19 or 26 (TBD)	<ul style="list-style-type: none"> <li>• Critical workers who are unable to perform roles remotely not already covered</li> <li>• People 16 years or older with 1 or more comorbidity or underlying condition</li> </ul>
Phase 3	May 1	<ul style="list-style-type: none"> <li>• All people 16 years and older not already covered</li> </ul>
Phase 4	TBD	<ul style="list-style-type: none"> <li>• People under 16 if the vaccine becomes recommended for this group</li> </ul>

## Phase 1a - Tier 1

### Overarching Groups:

- **High-risk workers in health care settings** (clinical judgment should be applied to identify who is at greatest risk using the guidance below)
- **High-risk first responders** (clinical judgment should be applied to identify who is at greatest risk using the guidance below)

- **Residents and staff of nursing homes, assisted living facilities, and other community-based, congregate living settings where most individuals over 65 years of age are receiving care, supervision, or assistance**

Phase 1a focuses on (a) high-risk workers in health care settings and high-risk first responders in order to protect our medical care response capacity and (b) residents and staff of nursing homes, assisted living facilities, and other community-based, congregate living settings where most individuals over 65 years of age are receiving care, supervision, or assistance aiming to avoid hospitalizations, severe morbidity, and mortality. The table below identifies the desired objectives and guidance regarding what individuals would be prioritized for vaccine allocation in this phase. We provided recommendations that closely align with the Advisory Committee on Immunization Practices (ACIP) and initially include risk stratification given limited vaccine.

CDC provided initial COVID-19 vaccine supply projections for the first two months. Assuming Washington state receives approximately 2 percent of the total projections (Washington's approximate proportion of total U.S. population), our state was expected to receive between 150,000 to 350,000 doses in the first month and between 500,000 to 1 million doses in the second month (inclusive of second doses). Also note that many residents of long-term care facilities will be served via a federal pharmacy program that began in late December and draws down from the Washington state vaccine allotment. Given limited vaccine, sub-prioritization and sequencing of distribution to health care personnel was initially necessary. Furthermore, agencies have been encouraged to consider staggering vaccine schedules of teams to avoid potential clustering of worker absenteeism related to systemic reactions.

Beyond ACIP, this guidance was developed based on input and review by a number of experts including Washington advisory groups (Vaccine Advisory Committee, Disaster Medical Advisory Committee, COVID-19 Science Advisory Working Group, Association for Professionals in Infection Control), health care providers, and local health jurisdictions (including health officers).

PHASE 1A-1 OBJECTIVE	PHASE 1A-1 GUIDANCE
<b>To protect those at highest risk of exposure, to maintain a functioning health system, and to protect highly vulnerable populations</b>	<p><i>In the context of limited vaccine, this guidance includes the following sub-prioritization considerations:</i></p> <ul style="list-style-type: none"> <li>• Personnel without known infection in prior 90 days</li> <li>• Workers in sites where direct patient care is being frequently delivered to confirmed or suspected COVID-19 patients, including sites where suspected patients are directed for COVID testing and care               <ul style="list-style-type: none"> <li>○ Example setting: hospital sites managing suspected/confirmed COVID patients; emergency departments; urgent care; clinics (walk-in, respiratory); home; isolation and quarantine facility</li> <li>○ Examples types of workers: health care workers; technicians; security; environmental, janitorial, and facility staff; non-remote translators; counselors; home health aides, caregivers, and companions</li> </ul> </li> <li>• Workers frequently performing high-risk exposure procedures with suspected or confirmed COVID-19 patients               <ul style="list-style-type: none"> <li>○ Example procedures: endotracheal or cough inducing intubation; cough induction or cough inducing procedure (e.g., nasogastric tube); bronchoscopy; suctioning; turning the patient to the prone position; disconnecting the patient from a ventilator; invasive dental procedures and exams; autopsies; respiratory specimen collection; cardiopulmonary resuscitation; upper endoscopy; laparoscopic surgery; placement of chest tubes for pneumothorax</li> </ul> </li> <li>• Workers exposed to/handling potentially SARS-CoV-2 containing specimens</li> <li>• COVID-19 testing site staff at high risk of exposure to suspected COVID-19 patients</li> </ul>

	<ul style="list-style-type: none"> <li>• First responders at high risk of exposure to suspected or confirmed COVID-19 patients via high public exposure and procedures <ul style="list-style-type: none"> <li>○ Licensed emergency medical service frontline staff regardless of agency (e.g., fire, ambulance, hospital)</li> <li>○ Emergency workers providing patient transport/ambulatory support regardless of agency</li> <li>○ Personnel working in the field to provide oversight of these emergency medical service positions</li> </ul> </li> <li>• Workers with elevated risk of acquisition/transmission with populations at higher risk of mortality or severe morbidity <ul style="list-style-type: none"> <li>○ Workers at long-term care facilities and other community-based, congregate living settings where most individuals over 65 years of age are receiving care, supervision, or assistance (e.g., healthcare, environmental facility management, counselors, dining staff, etc.)</li> <li>○ Home health aides, care aides, caregivers (paid or unpaid), companions, etc.</li> <li>○ Workers with patients undergoing chemotherapy, chronic renal disease, dialysis, etc.</li> </ul> </li> <li>• Workers (including pharmacists and occupational health staff) administering vaccines to Phase 1a and 1b populations</li> </ul> <p>-----</p> <p><b>Residents and staff of long-term care facilities and other community-based, congregate living settings where most individuals over 65 years of age are receiving care, supervision, or assistance and are unable to reside independently in the community:</b></p> <ul style="list-style-type: none"> <li>• Example: skilled nursing facilities – facility engaged primarily in providing skilled nursing care and rehabilitation services for residents who require care because of injury, disability, or illness</li> <li>• Example: assisted living facilities – facility providing help with activities of daily living; residents often live in their own room or apartment within building/group of buildings</li> <li>• Examples of possible settings: adult family homes; group homes for people with disabilities (physical, developmental, intellectual); mental/behavioral health institutions; residential homeless shelters</li> </ul> <p><i>Where sub-prioritization is needed, consider:</i></p> <ul style="list-style-type: none"> <li>• Skilled nursing facilities caring for the most medically vulnerable residents and of congregate nature so they face the joint risk factors of severe disease/mortality and transmission due to their living settings</li> <li>• After skilled nursing facilities, consider broadening to other facilities, including: <ul style="list-style-type: none"> <li>○ Assisted living facilities and adult family homes</li> <li>○ Residential care communities</li> <li>○ HUD 202 low-income senior housing</li> <li>○ Intermediate care facilities for individuals with developmental disabilities</li> <li>○ State Veterans Homes</li> </ul> </li> </ul>
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### **Phase 1a (Tier 1) Additional Guidance**

- We specifically use the terminology “workers in health care settings” and not “health care workers” because health agencies should consider the full spectrum of workers who might fit these conditions. Health care agencies should consider all types of staff (e.g., contracted, part-time, unpaid/volunteer) and the spectrum of staff who provide services (e.g., ambulatory, direct patient care, support services). ACIP provides similar guidance regarding defining healthcare personnel.<sup>1</sup>

- Specifically, for caregivers: eligible caregivers (licensed, unlicensed, paid, unpaid, formal, or informal) who support the daily, functional and health needs of another individual who is at high risk for COVID-19 illness due to advanced age, long-term physical condition, co-morbidities, or development or intellectual disability. For the caregiver to be eligible, the care recipient:
  - Must be someone who needs caregiving support for their daily, functioning, and health needs
  - Can be an adult or minor child. For dependent minor children, the caregiver is eligible if that child has an underlying health condition or disability that puts them at high risk for severe COVID-19 illness. For example: a caregiver of a minor child with Down syndrome.
- Special attention should be paid to workers in health care settings who are at high risk of exposure and may have inconsistent or limited use of PPE as well as those working in settings with inadequate environmental controls for recommended air exchange.

## Phase 1a - Tier 2 (after completion of Tier 1)

### Overarching Group:

- **All other workers at risk in health care settings**

The definition of [health care settings as defined by the CDC](#) refers to places where health care is delivered and includes, but is not limited to, acute care facilities, long term acute care facilities, inpatient rehabilitation facilities, nursing homes and assisted living facilities, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, and others.

PHASE 1A-2 OBJECTIVE	PHASE 1A-2 GUIDANCE
To protect those at highest risk of exposure, to maintain a functioning health system, and to protect highly vulnerable populations	<b>All other workers at risk to COVID working in health care settings</b> <ul style="list-style-type: none"> <li>• Workers who are at risk of acquisition or transmission of COVID because they are interacting in close proximity (less than 6 feet) with patients, co-workers, or specimens and are unable to remain socially distant (i.e., not include remote workers)</li> </ul>

### Phase 1a (Tier 2) Additional Guidance

- We specifically use the terminology “workers in health care settings” and not “health care workers” because health agencies should consider the full spectrum of workers who might fit these conditions. Health care agencies should consider all types of staff (e.g., contracted, part-time, unpaid/volunteer) and the spectrum of staff who provide services (e.g., ambulatory, direct patient care, support services).
- Across Washington, it is important that health care systems actively reach out to and provide access to COVID-19 vaccination for community-based health care workforce outside their systems and in their community. This includes other health care providers, school nurses, and behavioral health providers, etc., in order to compete this phase and ensure we have a protected healthcare system.

## Phase 1b

Phase 1b phase generally includes people who are high to moderate risk against the four risk criteria:

- Risk of acquiring infection
- Risk of severe morbidity and mortality
- Risk of negative societal impact
- Risk of transmission to others

In addition, we have applied equity as a cross-cutting lens and considered situations when certain groups are disproportionately affected due to social factors and/or other systemic inequities to mitigate for these factors.

## Phase 1b - Tier 1

### Overarching Groups:

- **All people 65 years and older**
- **People 50 years and older in multi-generational households**
- **Workers in childcare settings**
- **Pre-kindergarten-12<sup>th</sup> grade educators and staff**

The first two objectives of this tier focus on protecting those who are driving hospitalization and face high rates of severe morbidity and mortality in order to reduce the burden on hospitals that keeps us in an emergency state. We also want to recognize that there are older adults and elders who may be vulnerable and unable to live independently similar to those in community-based, congregate care settings (Phase 1a) but their families care for them at home. In addition, we recognize that many families - especially those disproportionately affected by COVID - live in multi-generational homes that put the older adults and elders in the household at significantly higher risk for acquiring infection. Because these individuals are among disproportionately affected groups, they are also at risk for higher rates of severe morbidity and mortality.

PHASE 1B-1 OBJECTIVE	PHASE 1B-1 GUIDANCE
To prevent hospitalization and rates of severe morbidity and mortality	<b>All people 65 years and older</b> (about half of whom have co-morbidities that increase risk for severe outcomes if infected with COVID)
To prevent acquiring infection, hospitalization, and rates of severe morbidity and mortality	<b>People 50 years and older in a multigenerational (2 or more generations) household</b>  These individuals would be at risk either due to: <ul style="list-style-type: none"><li>• Vulnerability – specifically, an older adult or elder who cannot live independently <i>and</i> is being cared for by a relative or in-home caregiver or being cared for by someone who works outside the home</li><li>• Risk of exposure – specifically, an older adult or elder who is living with and taking care of kinship (along the lines of a grandparent with a grandchild)</li></ul>

	<ul style="list-style-type: none"> <li>• This group does not include an older adult who is able to live independently and is taking care of the individual's kinship/children</li> </ul>
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On March 2, 2021, Gov. Jay Inslee and the Washington State Department of Health in accordance with a federal directive added another group to this tier – specifically, workers in child care settings and pre-kindergarten through 12<sup>th</sup> grade educators and staff. This group was initially in Tier 2 with other workers at high risk in a congregate setting. However, not only do they face the risks of acquisition and transmission (note: there is growing evidence that older kids have higher risk of transmission) but remote care and education is also associated with very high risk of negative societal impact. There is strong evidence regarding the negative impact remote schooling is having on students in pre-kindergarten through 12<sup>th</sup> grade regarding educational advancement and access to meals and support services for children, which disproportionately affects low-income families.

PHASE 1B-1 OBJECTIVE	PHASE 1B-1 GUIDANCE
<b>To protect those who are at high risk of exposure given the nature of work, to reduce negative societal impact by maintaining critical infrastructure for social and economic systems, and to reduce the negative societal impact on families and children (that disproportionately affects low-income families)</b>	<p><b>Workers in child care settings</b> <b>Pre-kindergarten through 12<sup>th</sup> grade educators and staff</b></p> <ul style="list-style-type: none"> <li>• This category should consider the full spectrum of workers including administrators, environmental services staff, maintenance workers, school bus drivers, paraeducators, and all of who are essential to child care and education.</li> <li>• Specifically, this group includes those who face substantially high risk of exposure given work conditions because they are operating in a congregate setting interacting with co-workers or youth over extended periods of time.</li> <li>• Eligible child care includes: <ul style="list-style-type: none"> <li>○ Licensed family home child care providers, and the family members living in their home.</li> <li>○ License-exempt family, friends, and neighbor providers that accept Working Connections Child Care subsidy. These in-home providers can serve up to 6 children.</li> <li>○ ECEAP, Washington's state-funded preschool providers. This is similar to the national Head Start program, which is named in the directive.</li> <li>○ License-exempt school-age and youth development providers who have been providing care to school-age children since the pandemic began and schools were closed. As schools moved to online and hybrid models, these programs have continued to provide child care for school-age children.</li> </ul> </li> <li>• Attention should be given to the specific programs that reach children with special health care needs, individual educational plans, technological gaps, and migrant education programs.</li> </ul>

## Phase 1b - Tier 2

### Overarching Groups:

- High-risk critical workers who work in certain congregate settings
- People who are pregnant

- **People with a disability that puts them at high risk**

Phase 1b Tier 2 includes specific high-risk essential workers groups<sup>1</sup> who work in certain congregate settings. Occupational risk factors for COVID include setting (time inside vs. outside), proximity (to co-workers and/or customers), type of contact (physical, surface), duration, daily number of contacts, capability to assess possible infection (screening), consistent access to/ability to use protection, cleaning (frequency), and barriers to healthcare access. The course of the pandemic in Washington state indicates that specific groups of workers operating in congregate settings—such as, agricultural workers, food processing, and incarceration facilities — have experienced significantly elevated rates of infection given the nature of their working and/or living conditions. In addition, the working and living conditions contribute to transmission at work and in the community.

PHASE 1B-2 OBJECTIVE	PHASE 1B-2 GUIDANCE
<p><b>To protect those who are at <i>high risk</i> of exposure and transmission given the nature of working and living conditions, to prevent hospitalizations and rates of severe morbidity and mortality, and to reduce negative societal impact by maintaining critical infrastructure for social and economic systems</b></p>	<p><b>Critical workers with significantly high risk of exposure and transmission in congregate settings</b></p> <p>Congregate setting refers to an environment where individuals work and/or live in an enclosed space where they are interacting with a high volume of people (i.e., supermarket) over extended time and not able to consistently social distance (i.e., be more than 6 feet apart).</p> <p>This does not include all critical worker groups but just a subset outlined below. This subset is focused on workers who are working in a congregate/enclosed setting working within 6 feet of other workers over an extended time (3 or more hours in 24-hour day). Therefore, workers who are able to socially distance, work remotely or work off-site not in a congregate setting would not be included. Specific groups and guidance are outlined below:</p> <ul style="list-style-type: none"> <li>• <i>Congregate agriculture</i> – specifically those who work and/or live in a congregate setting interacting with a high volume of co-workers (vs. animals) over extended periods of time (i.e. 3 or more hours in a 24-hour day). Relevant roles are more likely to include crop selection, production and packaging vs. equipment maintenance</li> <li>• <i>Congregate food processing</i> – specifically those who work and/or live in a congregate setting interacting with high volume of co-workers (vs. animals) over extended periods of time (i.e. 3 or more hours in a 24-hour day). Also includes those working in fishing vessels.</li> <li>• <i>Workers in congregate grocery stores or food banks</i> - specifically those who work in a congregate setting interacting with high volume of co-workers over extended periods of time (i.e. 3 or more hours in a 24-hour day). We encourage considering prioritizing retail stores of higher density/volume vs. where people are more able to be socially distant (e.g., wineries, coffee shops).</li> <li>• <i>Congregate staff in correction facilities, prisons, jails, detention facilities, and court facilities</i> – specifically those who are interacting with high volume of individuals in a congregate interior setting over extended periods of time (i.e. 3 or more hours in a 24-hour day). We encourage considering the spectrum of staff (e.g. facility management, security, counselors) who fit this exposure criteria.</li> </ul>

<sup>1</sup> See [Washington Essential Critical Infrastructure Workers](#) for most up-to-date list of essential worker groups



	<ul style="list-style-type: none"> <li>• <i>Congregate public transit</i> - specifically those who work in an enclosed (vs. outdoor) congregate setting interacting with high volume of co-workers or general public over extended periods of time (i.e. 3 or more hours in a 24-hour day) to facilitate the transport of people. Settings may include bus, train, ferry, airport, and other high density transportation settings – or lower density settings where individuals are tightly constricted over an extended time, specifically taxies, limos and private vehicles over 4 people. Doesn't include those who can work remotely or in office where can practice being socially distant.</li> <li>• <i>First responders not covered by an earlier phase or tier</i> - specifically those who work in a congregate setting interacting with high volume of co-workers or general public over extended periods of time (i.e. 3 or more hours in a 24-hour day). This includes firefighters, law enforcement, social workers and other people playing similar roles (e.g., tactical teams, some providers for homeless services) responding to public health and safety. It does not include administrators or those who can work remotely.</li> <li>• <i>Early learning and child care program workers</i> that are permitted to operate under DOH guidance for child care, youth development, and day camps that were not covered in 1B-1.</li> </ul>
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Phase 1b Tier 2 also includes a subset of people with underlying conditions that put them at increased risk for severe illness if infected with COVID-19 leading to hospitalization, morbidity, and mortality that are anticipated to face challenges accessing care.

PHASE 1B-2 OBJECTIVE	PHASE 1B-2 GUIDANCE
To prevent hospitalization and rates of severe morbidity and mortality	<ul style="list-style-type: none"> <li>• <b>Pregnant people</b></li> <li>• <b>People with a disability that puts them at high risk.</b> This includes individuals with Down syndrome, a developmental disability, or an intellectual disability, or who are deaf/hard of hearing, blind/low-vision, or deafblind, AND that disability or an underlying medical condition increases their risk for severe outcomes per the <a href="#">CDC's list of the conditions that put people at increased risk of severe illness from COVID-19</a> (note: this is a living document that may be updated as science evolves). Examples: <ul style="list-style-type: none"> <li>○ People with a physical or intellectual disability where they cannot use protective measures (e.g., severe autism, epilepsy)</li> <li>○ People with a physical or intellectual disability that is clinically associated with severe outcomes if infected with COVID (e.g., down syndrome, neurological condition)</li> <li>○ People with a physical or intellectual disability AND at least one of the comorbidities or medical conditions that increases risk or may increase risk of severe illness from COVID-19</li> </ul> </li> </ul>

## Phase 1b - Tier 3

### Overarching Groups:

- People 16 years and older with 2 or more co-morbidities or underlying conditions
- People 60 years and older

Phase 1b – Tier 3 includes people who have certain medical conditions that put them at increased risk for severe illness if infected with COVID leading to increased hospitalization, morbidity and mortality. The list of conditions is based upon research by CDC that is posted at the following site: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>. It is a living document that may be updated as science evolves. This group also includes people over 60 given high rates of hospitalization and severe morbidity and mortality associated with this older age bracket.

PHASE 1B-3 OBJECTIVE	PHASE 1B-3 GUIDANCE
To prevent hospitalization and rates of severe morbidity and mortality	<p>People 16 years and older with 2 or more co-morbidities or underlying conditions (See <a href="#">CDC's list of the conditions that put people at increased risk of severe illness from COVID-19.</a>)</p> <p>People 60 years and older</p>

## Phase 1b - Tier 4

### Overarching Groups:

- People (residents, staff, volunteers) in certain congregate living settings – specifically, correctional facilities, prisons, jails, and detention centers; group homes for people with disabilities; and congregate settings (e.g. shelters, temporary housing) for people experiencing homelessness that access services or live in such congregate settings
- Other at risk critical workers in certain congregate settings – specifically, restaurants and food services, manufacturing and construction

Phase 1b – Tier 4 includes people in congregate settings where there is a high to medium risk of exposure and transmission who have not been covered in earlier tiers. Exposure risk is due to factors such as setting (time inside vs. outside), proximity (to co-workers and/or customers), type of contact (physical, surface), duration, daily number of contacts, capability to assess possible infection (screening), consistent access to/ability to use protection, cleaning (frequency), barriers to healthcare access, etc.

PHASE 1B-4 OBJECTIVE	PHASE 1B-4 GUIDANCE
To prevent hospitalization and rates of severe morbidity and mortality, including in settings that increase potential exposure - and to reduce negative societal impact by maintaining critical infrastructure for social and economic systems	<p>Residents and staff in group homes for individuals with disabilities, including serious mental illness, development and intellectual disabilities, and physical disabilities as well as residential substance use disorder facilities not already covered in Phase 1</p> <p>People in prisons, jails, detention centers, and similar congregate facilities and staff who work in such settings not already covered in previous phases or tiers</p>

	<p><b>Residents and staff working in congregate settings that serve people experiencing homelessness that access services or live in the congregate settings (e.g. temporary housing, shelters) who are not already covered above</b></p> <p><b>People living or residing in domestic violence shelters and staff who work in such settings</b></p> <p><b>Critical workers with high-medium risk of exposure and transmission in certain congregate settings</b>  Congregate setting refers to an environment where individuals work in an enclosed space where they are interacting with a high volume of people over an extended time and are not able to consistently social distance (i.e., be more than 6 feet apart). Workers in these settings who are able to socially distance, work remotely or work off-site not in a congregate setting would not be included.</p> <p>This does not include all critical worker groups but just a subset outlined below. Other critical workers in congregate settings (e.g., library, shipping/packaging, utility) are eligible in a future phase, Specific groups and guidance are outlined below:</p> <ul style="list-style-type: none"> <li>• <i>Restaurants and food services</i> - specifically those who work in an enclosed congregate setting where they are within close proximity of a high volume of individuals over an extended period of time (i.e., &gt;3 hours in 24 hour day). We encourage considering prioritizing settings of higher density/volume vs. where people are more able to be socially distant.</li> <li>• <i>Manufacturing</i> - specifically those who work in an enclosed congregate setting interacting with high volume of individuals over an extended period of time (i.e., &gt;3 hours in 24 hour day).</li> <li>• <i>Construction</i> - specifically those who work in a congregate setting (indoor or outdoor) where it is not possible to be socially distant and the individual is interacting with a high volume of individuals over an extended period of time (i.e., &gt;3 hours in 24 hour day).</li> </ul>
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## Phase 2

### Overarching Groups:

- Critical workers in other settings who are in industries essential to the functioning of society and are unable to perform roles remotely
- People 16 years and older with 1 comorbidity or underlying condition

PHASE 2 OBJECTIVES	PHASE 2 GROUPS
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To protect those who are at <i>substantially</i> high risk of exposure given nature of work or living conditions and to reduce negative societal impact by maintaining critical infrastructure for social and economic systems	<p>Critical workers in other settings and sectors who are needed to maintain critical infrastructure and provide other important services (see <a href="#">Washington Essential Critical Infrastructure Workers</a> for most up-to-date list of essential worker groups) and are unable to perform roles remotely</p> <ul style="list-style-type: none"> <li>• Example sectors: public health; emergency services; food and agriculture; energy; water and wastewater; transportation and logistics; communications and information technology; community-based governmental operations and essential functions; critical manufacturing; hazardous materials; financial services; chemical; real estate and mortgage; mortuary, funeral, embalmer, and cemetery services; defense industrial base</li> <li>• Example of risk exposure description: not able to work remotely</li> <li>• Sample roles: warehouse/delivery staff; postal staff; electricians; fuel infrastructure staff</li> </ul>
To reduce hospitalizations, severe morbidity and/or mortality	<p>People 16 years and older with 1 comorbidity or underlying condition that is associated with higher risk of severe outcomes if infected with COVID-19 (See <a href="#">CDC's list of the conditions that put people at increased risk of severe illness from COVID-19.</a>)</p>

### Phase 3

#### Overarching Groups:

##### All people 16 years and older not already covered

Per the Biden administration's directive, on May 1<sup>st</sup> all adults over 16 years of age will be eligible. This group would thereby include all critical workers who can work remotely and all other residents of Washington State.

PHASE 3 OBJECTIVES	PHASE 3 GROUP
To protect those who are at <i>moderately</i> high risk of exposure and to reduce transmission	All people 16 years and older who are not already covered

### Phase 4

#### Overarching Groups:

- Young adults/children under the age of 16

Phase 4 includes people under the age of 16. Actual timing and age ranges of eligibility will depend upon clinical trial data, federal guidance, whether the vaccine becomes recommended for these ages, and vaccine supply. Earliest trials results with children as young as 12 years of age are expected by summer 2021. Additional trials are under way for children 2 years and younger. Timing and age range eligibility will be announced over time.

PHASE 4 OBJECTIVES	PHASE 4 GROUP
To protect those who are at risk of exposure and to reduce transmission	<ul style="list-style-type: none"><li>• Young adults/children under the age of 16 depending on federal vaccine recommendations for these ages</li></ul>

# INTERIM COVID-19 Vaccine Allocation Phase Quick Reference

## WA State Equitable Allocation & Prioritization Framework

PHASE 1A	PHASE 2	PHASE 3	PHASE 4
<b>TIER 1</b> <ul style="list-style-type: none"> <li>High-risk workers in health care settings</li> <li>High-risk first responders</li> <li>Long-term care facility residents</li> </ul> <b>TIER 2</b> <ul style="list-style-type: none"> <li>All other workers at risk in health care settings</li> </ul>	<ul style="list-style-type: none"> <li>Critical workers who are unable to perform roles remotely</li> <li>People 16 years and older with 1 comorbidity or underlying condition</li> </ul>	<ul style="list-style-type: none"> <li>All people 16 years and older</li> </ul>	<ul style="list-style-type: none"> <li>People under age 16 years of age (based on clinical trial data, federal guidance, and vaccine supply)</li> </ul>
PHASE 1B	EQUITY IS A CROSS-CUTTING FOCUS		
<b>TIER 1</b> <ul style="list-style-type: none"> <li>All people 65 years and older</li> <li>People 50 years and older living in multigenerational households</li> <li>Workers in childcare settings</li> <li>Pre-K-12 educators and school staff</li> </ul> <b>TIER 2</b> <ul style="list-style-type: none"> <li>High-risk critical workers who work in certain congregate settings: <ul style="list-style-type: none"> <li>Agriculture; food processing; grocery stores; corrections, prisons, jails, or detention facilities; public transit; fire, law, social workers and other first responders</li> </ul> </li> <li>People who are pregnant</li> <li>People with a disability that puts them at high risk</li> </ul> <b>TIER 3</b> <ul style="list-style-type: none"> <li>People 16 years and older with 2 or more comorbidities or underlying conditions</li> <li>All people 60 years and older</li> </ul> <b>TIER 4</b> <ul style="list-style-type: none"> <li>People, staff, and volunteers in congregate living settings: <ul style="list-style-type: none"> <li>Correctional facilities; group homes for people with disabilities; congregate settings for people experiencing homelessness that live in or access service in such settings</li> </ul> </li> <li>Other critical workers in certain congregate settings: restaurants/food services; manufacturing; construction</li> </ul>	<p>Certain population groups have been prioritized with an aim to mitigate health inequities recognizing that specific populations are disproportionately impacted by COVID-19 due to external social factors and systemic inequities. Examples of populations disproportionately affected due to such factors include:</p> <ul style="list-style-type: none"> <li>People of color</li> <li>People with limited English proficiency</li> <li>People in shared housing, crowded housing, and multi-generational homes</li> <li>People in poverty and low-wage earners</li> <li>People with disabilities that are connected to underlying health conditions that may put a person at higher risk for COVID-19</li> <li>People with access barriers to healthcare</li> </ul> <p>Washington State has also developed a <a href="#">social vulnerability index</a> which includes social determinants of health factors to identify highest vulnerability areas. This will be one of several inputs informing vaccine allocation decisions to ensure equitable allocation.</p> <p><b>NOTE</b> Immigration status and health insurance status do not impact an individual's eligibility.</p>		

Updated March 18, 2021

For a quick reference, please see [the visual framework time line](#).